

These Frequently Asked Questions (FAQs) share information regarding the eligibility and enrollment of State of Delaware employees, pensioners, employees of other non-payroll participating groups as defined in Delaware Code, and their eligible dependents in the State of Delaware Group Health Insurance Program. The Eligibility and Enrollment Rules govern this program in accordance with Delaware Code and have been approved by the State Employee Benefits Committee (SEBC). These FAQs provide only a summary of information. Any error or omission is unintentional. If a discrepancy exists between the information provided in this document and federal or state law or plan document, the law or plan document shall prevail.

**All forms are due to your Organization's Human Resources/Benefits Office by May 28, 2014.**

**Pensioner's forms are due to the Office of Pensions by May 28, 2014.**

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## Open Enrollment 2014

### 1. What is the 2014 Open Enrollment?

Open Enrollment May 12 through May 28, 2014 is your once-a-year opportunity to review your health, dental, vision and blood bank coverage and to make the choices that are right for you! Coverage and new rates are effective from July 1, 2014 through June 30, 2015.

### 2. Which benefits does the State of Delaware offer during this Open Enrollment?

The State of Delaware offers Health, Dental, Vision and Blood Bank coverage to eligible employees and pensioners during this Open Enrollment period. A description of all of the benefit plans is included in the Open Enrollment Booklet available online at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe).

**Note:** State of Delaware Pensioners, spouses and dependents enrolled in Medicare Part A and Part B for primary medical coverage and also eligible for or enrolled in the Highmark Delaware Special Medicfill Medicare Supplement plan, **DO NOT make changes in Special Medicfill coverage until a separate Open Enrollment period available in October 2014 for calendar year 2015.** Current rates remain in effect until January 1, 2015.

**Health** - The State of Delaware offers six separate plans for health care. Two Consumer-Directed Health Care Plans offered through Aetna and Highmark Delaware. Two additional PPO plans – First State Basic and Comprehensive PPO offered through Highmark Delaware. Two HMO plans offered through Aetna and Highmark Delaware. A detailed summary of each health plan benefits is available in the Open Enrollment Booklet.

**Dental** – The State of Delaware offers two dental plans. Delta Dental offers a PPO plan and Dominion Dental offers an HMO plan.

**Prescription** - The State offers prescription coverage as part of the State's Group Health Insurance Program. Express Scripts is the State of Delaware Pharmacy Benefit Manager that manages the State's prescription program. Once enrolled in a health plan, employees may have prescriptions filled at participating pharmacies. Express Scripts also offers prescription refills through a mail order system. More information and forms are available on the Express Scripts website at [www.express-scripts.com](http://www.express-scripts.com) or on this website.

**Employee Assistance Program** – Human Management Services, Inc. (HMS) provides an Employee Assistance Program to non-Medicare participants in the State's Group Health Insurance Program. This service includes free, confidential, professional assessment and short-term counseling for members and dependents that may be experiencing personal or family problems.

**Blood Bank** - All State employees and pensioners are eligible for membership in the Blood Bank of Delmarva. The State of Delaware provides membership in the Blood Bank for all employees and pensioners who enroll.

**Vision** – All State employees and pensioners are eligible to enroll in the vision plan through EyeMed Vision Care®. The plan provides coverage for an annual eye exam for a \$10 copay and frames at an allowance up to \$160 with a \$20 copay. Contact lens coverage is also available. Complete information is available at [www.ben.omb.delaware.gov/vision](http://www.ben.omb.delaware.gov/vision).

### 3. When will I receive the Open Enrollment materials?

Important open enrollment information were mailed to your home the week of April 28th. The packet included a letter, 2014 Benefit Updates brochure and the required federal notices.

### 4. How will I get an Open Enrollment Booklet?

A 2014 Open Enrollment Booklet is available online at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe). A copy of the eBenefits Quick Reference Guide that includes online enrollment instructions and other helpful information is available online beginning May 12, 2014 at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe). If you need assistance accessing this information on the Internet, please see your Human Resources/Benefits Office.

## 5. What do I need to do if I want to enroll, make changes or cancel coverage?

**Active State employees** must enroll, make changes, or cancel health, dental, vision and Blood Bank coverage by completing the online enrollment process through eBenefits from May 12 through May 28, 2014. Employees will be responsible for data entering their own benefit elections directly into the eBenefits online enrollment system. The eBenefits Quick Reference Guide online enrollment instructions will be available at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe) during open enrollment.

If enrolling or continuing to cover a spouse through “Employee & Spouse” or “Family” coverage, active employees **MUST** complete the Spousal Coordination of Benefits (COB) form online during Open Enrollment. You can access the form at [www.ben.omb.delaware.gov/documents/cob](http://www.ben.omb.delaware.gov/documents/cob). You may also complete the form online while in eBenefits by clicking on the Enrollment Handbook icon, then click Spousal COB form (electronic). Complete the form and submit online. The information on the form will be submitted to your health carrier via a secure transmission process. Failure to return this form will result in reduction of spousal benefits.

The form is available at [www.ben.omb.delaware.gov/documents/cob](http://www.ben.omb.delaware.gov/documents/cob), and must be printed, completed and provided to your Human Resources/Benefits Office no later than **May 28, 2014**.

Plan options preceded with D.S.S. are the Double State Share options. If you are eligible for Double State Share and you are making changes to your health election, be sure to select the D.S.S. version of the plan listed on the online benefits enrollment page. In order to be eligible for Double State Share (DSS) husband and wife must have been either permanent full-time active benefit eligible State of Delaware employees (regularly scheduled 30 or more hours per week) before December 31, 2011 or be receiving a pension check. Please refer to the 2014 Open Enrollment Booklet at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe) for more details.

The eBenefits Quick Reference Guide contains online enrollment instructions and is available on this website, during open enrollment.

**State of Delaware Pensioners** must complete the necessary enrollment forms available on the Office of Pensions website at [www.delawarepensions.com](http://www.delawarepensions.com) or complete the health, dental and vision applications included in the packet mailed to your home. You must submit your completed enrollment forms to the Office of Pensions by May 28, 2014. Pensioners enrolling or continuing to cover a spouse through “Employee & Spouse” or “Family” coverage must complete the Spousal Coordination of Benefits (COB) form no later than May 28, 2014. You may complete the form online at [www.ben.omb.delaware.gov/documents/cob](http://www.ben.omb.delaware.gov/documents/cob) if you have access to a computer. If you do not have access to the internet, you may complete the form included in the packet mailing sent to your home and submit it to the Office of Pensions. The form must be completed no later than May 28, 2014.

If you are a pensioner and **cover your spouse under the Highmark Delaware Special Medicfill Medicare Supplement plan**, you do not need to complete a Spousal Coordination of Benefits form, unless your spouse’s employment or health insurance status has changed since July 2012.

**Non-Payroll Participating Groups** - Members of all other non-payroll participating groups (i.e. DSWA, DTC, UD, towns and municipalities covered by the State’s Group Health Insurance Program) must complete the enrollment applications available from their organization’s Human Resources/Benefits Office and return them no later than May 28, 2014. If enrolling or continuing to cover a spouse through “Employee & Spouse” or “Family” coverage the employee must complete the Spousal Coordination of Benefits (COB) form online no later than May 28, 2014. Failure to return this form will result in a reduction of spousal benefits.

**6. What do I need to do if I do not want to make any changes to my current coverage?**

**Active State employees** – If you do not wish to enroll or terminate coverage, you do not need to log on to this site ([www.employeeselfservice.omb.delaware.gov](http://www.employeeselfservice.omb.delaware.gov)) unless you wish to verify your current coverage.

**Pensioners and Participating Group employees** - If you are currently enrolled and do not wish to make any changes, **No Action is Required** unless you are covering a spouse in one of the State of Delaware Group non-Medicare health plans. **See question 9.**

**7. Will I receive a Confirmation Statement after Open Enrollment?**

Confirmation Statements are not mailed to active State employees. Employees are responsible for reviewing their elections from the Employee Self-Service Benefit Summary by logging onto eBenefits as you did to enroll and click Benefits Summary instead of Open Enrollment. By entering the date of 07/01/2014, you will be able to view your elections as of that date including the dependents covered.

**Please note: Benefit changes CANNOT be viewed until the following business day.** If an error has been made, contact your organization's Human Resources/Benefits Office no later than June 6, 2014, to make the corrections. **No changes will be accepted after June 6, 2014.**

**8. What do I do if my benefits as of July 1, 2014 are not correct on the online Benefits Summary?**

Contact your organizations Human Resources/Benefits Office no later than June 6, 2014 and advise them of the errors and what corrections need to be made. The corrections will be made by your Human Resources/Benefits representative.

**9. What forms do I need to return and to whom?**

**Spousal Coordination of Benefits (COB) Form** – **Active employees and pensioners enrolling a spouse for the FIRST TIME or continuing** to cover a spouse in one of the State of Delaware Group Health Insurance health plans, you **MUST** complete a new **Spousal Coordination of Benefits** form each year during Open Enrollment and anytime the spouse's employment or insurance status changes. Active State employees must complete the form online at [www.ben.omb.delaware.gov/documents/cob](http://www.ben.omb.delaware.gov/documents/cob). Failure to submit a new Spousal COB form will result in a reduction of spousal benefits. Forms must be completed by May 28, 2014. Once completed, click "Printable Summary" to print a copy of your submission for your records.

**Pensioners** must also complete a spousal form if covering a spouse.\* The form can be completed Online at [www.ben.omb.delaware.gov/documents/cob](http://www.ben.omb.delaware.gov/documents/cob) if you have access to a computer. **If you do not have access to the internet**, you may complete the form included in the packet mailing sent to your home and submit it to the Office of Pensions. The form **MUST** be completed no later than May 28, 2014.

**\*If you are a pensioner and cover your spouse under the Highmark Delaware Special Medicfill Medicare Supplement plan**, you do not need to complete a Spousal Coordination of Benefits form, unless your spouse's employment or health insurance status has changed since July 2012.

**Non-payroll Participating Group employees** **MUST** also complete a spousal form if covering a spouse. The form must be completed online at [www.ben.omb.delaware.gov/documents/cob](http://www.ben.omb.delaware.gov/documents/cob). Failure to submit a new Spousal COB form will result in a reduction of spousal benefits. Forms must be completed by May 28, 2014. Once completed, click "Printable Summary" to print a copy of your submission for your records.



## **Blood Bank of Delmarva –**

*Active State employees* enrolling in the Blood Bank **for the FIRST TIME** must go online to *eBenefits* at [www.employeeselfservice.omb.delaware.gov](http://www.employeeselfservice.omb.delaware.gov) by May 28, 2014.

*Pensioners* - can continue their membership even if they no longer live in the Delmarva area. Pensioners enrolling in the Blood Bank **for the FIRST TIME** must complete the application available on the Office of Pensions website at [www.delawarepensions.com](http://www.delawarepensions.com) or complete and submit the application included in the packet of information mailed to your home. You must submit your completed application to the Office of Pensions by May 28, 2014.

### **10. What will happen if I do not complete the eBenefits online enrollment process by May 28, 2014?**

You **MUST** complete the eBenefits online enrollment process if you wish to enroll, make changes or cancel current Health, Dental, Vision and Blood Bank coverage. If not, any enrollments or changes to your benefits must wait until open enrollment 2015 unless you experience a qualifying event to make a mid-year change. If you take no action, your benefit elections will remain the same for the new plan year.

### **11. If I am currently on a Leave of Absence for any reason, do I need to complete the eBenefits online enrollment process?** You are required to complete the eBenefits online enrollment process if you wish to enroll, make changes or cancel your coverage.

## **WHAT'S NEW FOR July 1, 2014?**

Refer to pages 1 and 2 of the 2014 Open Enrollment booklet which can be found at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe).

## **ELIGIBILITY**

### **12. Who is eligible to participate in the State health, dental and vision insurance plans\*?**

The State of Delaware offers insurance benefits to permanent, full-time employees, permanent part-time employees, limited term employees and Pensioners. Participation in the State Group Health Insurance Program is voluntary.

For more details about eligibility refer to the “Group Health Insurance Eligibility and Enrollment Rules” available at [www.ben.omb.delaware.gov](http://www.ben.omb.delaware.gov) under *Documentation*. Permanent State of Delaware employees, State of Delaware Pensioners, and employees in some Non-Payroll groups as defined in the Delaware Code, are eligible for coverage under the State plans.

\*State of Delaware school district employees with a district dental or vision plan are not eligible for the state dental or vision plans.

### **13. Which dependents are eligible to enroll?**

A member's legal spouse and children under age 26. For more details about eligibility refer to the “Group Health Insurance Eligibility and Enrollment Rules” available at [www.ben.omb.delaware.gov](http://www.ben.omb.delaware.gov) under *Documentation*.

## **STATEWIDE BENEFIT HEALTH FAIRS**

### **14. What are the Statewide Benefit Health Fairs?**

The Statewide Benefits Office hosts free Benefit Health Fairs during the Open Enrollment period at various site locations. The Health Care vendors have tables set up with free information and representatives are available to answer your questions about the different plans and services they each provide. You are welcome to attend these Fairs if you are enrolled or are eligible to enroll in the State of Delaware Group Health Insurance Program.

### **15. Which vendors will be at the Benefit Health Fairs?**

The following vendors will be represented at each health fair. Highmark Delaware, Aetna, Dominion Dental Services, Delta Dental, EyeMed Vision Care, Blood Bank of Delmarva, Human Management Services, Inc. (HMS), Treasurer's Office for Deferred Compensation, Express Scripts, Office of Pensions and the Statewide Benefits Office including DelaWELL.

**16. When and where are the Statewide Benefit Health Fairs being held?**

A listing of the Health Fair dates and locations can be found at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe).

**MAKING THE DECISION**

**17. How do I decide which coverage is best for me?**

Health care options can be very confusing and understanding them is important. Take control over how you spend your health care dollars! Watch the video online at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe), to learn more about the health plan options available to you during this Open Enrollment and find out how to choose the benefit options that best supports you and your family's health care needs. Additional information is available in the 2014 Open Enrollment booklet and the Statewide Benefits Office website at [www.ben.omb.delaware.gov](http://www.ben.omb.delaware.gov). Links to each vendor's website are available as well.

**18. Where can I find a side-by-side comparison of the health plans?**

A side-by-side comparison of the health plans is included in the Open Enrollment booklet and a Summary of Benefits and Coverage is also available for each health plan at [www.ben.omb.delaware.gov/medical](http://www.ben.omb.delaware.gov/medical).

**19. What other information is available and how can I get it?**

Other, specific information about the plans can be found in the plan booklets from the carriers. Plan booklet information is also available by contacting the carrier directly or available on the Statewide Benefits Office website at [www.ben.omb.delaware.gov/medical](http://www.ben.omb.delaware.gov/medical) select Highmark or Aetna.

**ENROLLING YOUR SPOUSE OR OTHER DEPENDENT**

**20. What do I need to do if I choose to cover or continue to cover my spouse by electing "Employee & Spouse" or "Family" health coverage?**

Active State employees paid out of the State payroll system (PHRST) can change or add spousal information by using the eBenefits online enrollment process that can be accessed through the Internet from May 12, 2014 through May 28, 2014. If enrolling a spouse for the FIRST TIME due to marriage, be sure to check the relationship of spouse when adding the dependent in eBenefits. If enrolling a spouse for the FIRST TIME, due to civil union, be sure to check the appropriate relationship – IRS Qualified Spouse or IRS Non-Qualified Spouse when adding the dependent in eBenefits to ensure your premiums and imputed income calculates correctly. See question 22 for additional information. Additional information about benefit coverage for spouses due to civil union can be found at [www.ben.omb.delaware.gov/cusgm](http://www.ben.omb.delaware.gov/cusgm).

All other members of the State Group Health Plan (State Pensioners and Non-Payroll Groups) must make changes on the enrollment applications available from their organization's Human Resources/Benefits Office, or for pensioners available in the packet mailed to your home, online at [www.delawarepensions.com](http://www.delawarepensions.com) or through the Office of Pensions.

If you are enrolling a spouse for the FIRST TIME, or wish to continue covering a spouse in one of the State of Delaware Group Health Insurance health plans through "Employee and Spouse" or "Family" coverage; you **MUST** complete a new Spousal Coordination of Benefits form each year during Open Enrollment and anytime your spouse's employment or insurance status changes. Active State employees **MUST** complete the form online at [www.ben.omb.delaware.gov/documents/cob](http://www.ben.omb.delaware.gov/documents/cob) by May 28, 2014. Failure to submit a new Spousal COB form will result in a reduction of spousal benefits.

Pensioners and Participating Group employees **MUST** also complete a spousal form if covering a spouse. **If you are a pensioner and cover your spouse under the Highmark Delaware Special Medicfill Medicare Supplement plan, you do not need to complete a Spousal Coordination of Benefits form, unless your spouse's employment or health insurance status has changed since July 2012.**

**21. What will happen if I don't return the Spousal Coordination of Benefits form?**

Failure to complete a new Spousal Coordination of Benefits (COB) form by May 28, 2014 will result in a reduction of spousal benefits.

**22. What do I need to provide if I am enrolling a spouse or other dependent for the FIRST TIME?**

Proof of eligibility must be provided for anyone enrolling a spouse or dependent for the FIRST TIME.

- Proof of eligibility for a spouse is a copy of the Marriage Certificate/Civil Union Certificate.
- Proof of eligibility for a dependent is a Birth Certificate or other legal document.\*
- Complete a Child Dependent Coordination Benefits form if your dependent child has other health coverage. The appropriate Highmark Delaware and Aetna forms and instructions are available at [www.ben.omb.delaware.gov/medical](http://www.ben.omb.delaware.gov/medical).
- Complete a Certification of Tax Dependent Status form if enrolling a spouse due to civil union or other dependents due to civil union.

\*This information is not forwarded to the carriers. Your Human Resources/Benefits Office will maintain this documentation.

**23. What do I need to do if I choose to cover my children due to civil union for the FIRST TIME?**

Active State employees paid out of the State payroll system can add dependent information by using the eBenefits online enrollment process that can be accessed through the Internet from May 12, 2014 through May 28, 2014. If enrolling a child for the FIRST TIME due to civil union for the FIRST TIME, be sure to check the appropriate relationship – IRS Qualified Child or IRS Non-Qualified Child when adding the dependent in eBenefits to ensure your premiums and imputed income calculates correctly. See question 22 for additional information. Additional information about benefit coverage for spouses due to civil union can be found at [www.ben.omb.delaware.gov/cusgm](http://www.ben.omb.delaware.gov/cusgm).

**24. What if my spouse or other dependents have other coverage?**

The Spousal Coordination of Benefits (COB) form should be completed if you are enrolling or continuing to cover your spouse in one of the State of Delaware Group Health Insurance health plans through “Employee & Spouse” or “Family” coverage. Your health insurance carrier will then coordinate benefits if there is other insurance coverage. To ensure the highest level of coverage for your dependents, you must notify your carrier if your dependent has other coverage. Go to [www.ben.omb.delaware.gov/medical](http://www.ben.omb.delaware.gov/medical) and select Highmark or Aetna to obtain the appropriate form to view instructions for returning the form to your carrier.

**25. Is the Adult Dependent Coordination of Benefits Form still required for my dependent children age 21 to 26?**

Beginning July 1, 2014, the State Group Health Insurance Program (GHIP) will no longer administer the Adult Dependent Coverage to Age 26 Policy. Under the Patient Protection and Affordable Care Act, “grandfathered health plans” can no longer exclude primary coverage for adult children to age 26 if the child has access to health coverage through his or her own employer. Effective July 1, 2014, the Administration of Adult Dependent Coverage to Age 26 Policy adopted by the State Employee Benefits Committee (SEBC) in 2011 is no longer in effect. State employees, pensioners, and employees of those groups designated through Delaware Code to participate in the State Group Health Insurance Program (GHIP) may cover their dependent children to age 26 as primary in their State health care plan, dental plan and/or vision plan regardless of whether the adult dependent child is offered employer health coverage. Dependent children may be covered with no restriction on marital, employment, student, resident or tax status. Pursuant to the Group Health Insurance Program Eligibility and Enrollment Rules, an employee or pensioner’s children are defined as sons, daughters, stepchildren and adopted children.



**26. During this Open Enrollment period from May 12, 2014 – May 28, 2014, what does elimination of the Adult Dependent Coverage to Age 26 Policy mean to State employees or pensioners who have an adult dependent child who is not currently enrolled in their coverage through the State Group Health Insurance Program?**

- Open Enrollment – May 12 – May 28, 2014 is the State employees', pensioners' or Participating Group employees' once a year opportunity to enroll their dependents in their coverage.
- State employees, pensioners' or Participating Group employees' may not make changes or enroll their dependents in their coverage during any other time of the year unless the dependents experience a qualifying event.
- A dependent's voluntary loss of coverage during any plan's open enrollment period **IS NOT** considered a qualifying event.

**27. What if my adult dependent child has or is also eligible for coverage as an employee of an employer that participates in the State Group Health Insurance Program (GHIP)?**

- If the adult dependent child is also a benefit eligible employee of the State of Delaware or of a group designated through Delaware code to participate in the GHIP, the adult dependent child :
  - may enroll in his/her own State health care plan **OR**
  - can be covered by the parent who is a benefit eligible employee or pensioner.
- The dependent child cannot be covered under more than one GHIP plan.

**28. What if my adult dependent child has other coverage as an employee through an employer that does not participate in the State Group Health Insurance Program in addition to being covered under my State health care plan?**

- The adult dependent child's employer coverage will be primary over his or her coverage as a dependent through the parent's State health care plan coverage.
- *No action by the State employee, pensioner or Participating Group employee during this Open Enrollment period from May 12, 2014 – May 28, 2014 is necessary.*

**29. What if my adult dependent child who is also enrolled as my dependent under the State health care plan drops health care coverage through his or her employer at the employer's next open enrollment?**

- Your adult dependent child can then be primary on your health care plan if health care coverage is dropped under the employer's plan.
- Upon termination of the adult dependent's employer health coverage, a Child Dependent Coordination of Benefits form must be completed. The appropriate Highmark Delaware and Aetna forms and instructions are available at [www.ben.omb.delaware.gov/medical](http://www.ben.omb.delaware.gov/medical). Submission of this form will notify the State employees', pensioners' or Participating Group employees' health plan carrier that the adult dependent child's coverage through the State Group Health Insurance Program is primary.

**30. What if my adult dependent child who is NOT enrolled as my dependent under the State health care plan drops health care coverage through his or her employer at the employer's next open enrollment?**

- It is the adult dependent child's responsibility to change or drop coverage through his or her employer at the employer's next annual open enrollment. This is considered to be a voluntary loss of coverage and NOT a qualifying event for the State employee, pensioner or Participating Group employee to enroll the adult dependent in their State health care plan coverage. You can only add your adult dependent child during the annual benefits open enrollment.
- Therefore if you wish to cover your adult dependent under your health care plan you should enroll your adult dependent during the State's benefit open enrollment period in May and then have your adult dependent child drop employer health coverage at the employer's next open enrollment.
- Upon termination of the adult dependent's employer health coverage, a Child Dependent

Coordination of Benefits form must be completed. The appropriate Highmark Delaware and Aetna forms and instructions are available at [www.ben.omb.delaware.gov/medical](http://www.ben.omb.delaware.gov/medical). Submission of this form will notify the State employee, pensioner or Participating Group employee health plan carrier that the adult dependent child's coverage through the State Group Health Insurance Program is primary.

## **COST OF COVERAGE**

### **31. Who pays for coverage?**

**Health** - A portion of the total premium is paid by the State through the annual budget. Regular officers and State employees begin earning State Share contributions on the first of the month following 90 days of continuous State service. The percentage of the health plan that is paid by the State as of July 1, 2012 was defined in House Bill 81 which was passed in 2012 and made changes to health and pension benefits. Pursuant to HB 81, effective July 1, 2012, there will be a fixed cost share established for each of the plans offered by the State, including the First State Basic Plan. As a result, effective July 1, 2012, the State will now pay 96% of the total cost of the First State Basic plan, 95% of the total cost for a new Consumer-Directed Health plan, 93.5% of the total cost of the HMO plans, and 86.75% of the total cost of the PPO plan. A rate chart can be found at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe). Premium payments are held in the group health fund as the State of Delaware Group Health Insurance Program is "self-insured". This means claims for health care coverage are paid from the group health fund.

**Dental** - The Dental Program is employee funded. The State does not contribute toward the cost of dental coverage. Delta Dental and Dominion Dental administer the dental plans.

**Vision** - The Vision Program is employee funded. The State does not contribute toward the cost of vision coverage. EyeMed Vision Care administers the vision plan.

**Blood Bank** - The State of Delaware provides Blood Bank of Delmarva membership to all state employees and pensioners. While there are no longer membership dues, all State of Delaware employees and pensioners can continue to provide assistance by enrollment in the *Members for Life* program. Enrollment will provide the Blood Bank with important contact information necessary to encourage blood commitments and tax-deductible financial contributions under the *Friends for Life* program.

### **32. How often are premiums deducted?**

The health, dental and vision rates listed in the Open Enrollment booklet are monthly rates. State employees pay for coverage through the State's payroll system with bi-weekly payroll deductions for a total of 24 deductions taken each year for health, dental and vision premiums.

### **33. Are my premiums a pre-tax deduction?**

Health, dental and vision premiums are tax sheltered under Section 125 of the IRS Code for active State of Delaware employees. Active State of Delaware employees participating in health, dental or vision insurance plans pay their portion of the premium with before-tax dollars. If you are an active employee covering a civil union spouse or children of a civil union spouse who are not your qualified tax dependents by definition of the IRS, a portion of your premium to cover these dependents will be taken after tax. Please see the FAQs regarding civil union dependent benefit coverage at [www.ben.omb.delaware.gov/cusgm](http://www.ben.omb.delaware.gov/cusgm). Pensioners' deductions are taken on after-tax basis.

## **AFTER I ENROLL**

### **34. When will the new coverage take effect?**

The new coverage and rates, or the termination of existing coverage will take effect on July 1, 2014 and will be in effect for the plan year ending June 30, 2015.

### **35. When will the deductions begin for these new plans or the new rates?**

The State of Delaware benefit deductions are lagged in PHRST, the State's payroll system. The first deduction for new coverage or changes to coverage beginning July 1, 2014 will be taken on the July 25, 2014 paycheck. The first deduction for Pensioners will be on the July 31, 2014 pension check.

### 36. Will I get Member ID cards?

#### Health -

1. **Highmark Delaware IPA/HMO and Comprehensive PPO Members** - members enrolled in a Highmark Delaware IPA/HMO or Comprehensive PPO plan for the plan year beginning July 1, 2014 will receive new ID cards in late June 2014. Members will receive a separate ID card for each covered dependent. The employee or pensioner's name will appear on the left side of the ID card and the dependent's name will appear on the right side. The only changes to these cards will be the change in the Emergency Room copay reflecting the new copay of \$150. Begin using your new Highmark Delaware ID card whenever you or a covered dependent receive health care services on or after July 1, 2014.
2. **Aetna HMO Members** - members enrolled in the Aetna HMO plan for the plan year beginning July 1, 2014 will receive new ID cards in late June 2014. The cards will reflect new group and member identification numbers as well as the change in the Emergency Room copay reflecting the new copay of \$150. It is important that you begin using your new Aetna HMO card whenever you or a covered dependent receive health care services on or after July 1, 2014 to avoid delays in processing payment for services.
3. **New Highmark Delaware or Aetna Members** - Employees or pensioners enrolling for the FIRST TIME with Aetna or Highmark Delaware will receive new ID cards after open enrollment.

**Express Scripts (formerly Medco)** – all members enrolled in a health plan through the State of Delaware will receive a new ID card from Express Scripts in late June 2014. Members may continue to present their current Medco prescription ID card or their new Express Scripts prescription ID card when filling prescriptions. The information contained on the new Express Scripts prescription ID card is the same and only the Medco name is being replaced with Express Scripts.

**Dental** - Employees enrolling in a Statewide dental plan for the FIRST TIME or changing carriers will receive new ID cards after open enrollment.

**Vision** - Employees enrolling in the Statewide vision plan through EyeMed Vision Care® for the FIRST TIME will receive vision ID cards after open enrollment.

**Blood Bank** - if you are enrolling in the Blood Bank for the FIRST TIME, you will receive a membership Card with your Member ID on it within a few months. If you are continuing your membership, you will not receive a new card.

### 37. How do I obtain health and/or prescription identification cards for my dependent child(ren) who is/are covered by another parent?

#### Health –

- **Aetna HMO or Aetna CDH Gold Members** - A custodial parent may contact member services at 877-542-3862 to request an individual ID card for their dependent children. The parent must provide the name and date of birth of the dependent child and Aetna ID number or last 4 digits of the Aetna member's social security number. The parent must have a completed member authorization form or a power of attorney (POA) in order to request an ID card be sent to an address other than the member's address on file.
- **Highmark Delaware Members** - The employee can request a card for a dependent and have it sent to another address. Log onto the website [www.highmarkbcbsde.com](http://www.highmarkbcbsde.com). Once logged in, click on the ID card icon on the landing page. Then select the family member that needs a duplicate ID card, enter the mailing address for the new card(s) and press the 'Request Card' button. Or, if the custodial parent (non covered person) is requesting ID card/EOB be sent to them, Highmark Delaware will need a copy of the court order showing the requester is the custodial parent. Highmark will then load that address under the appropriate dependent(s) so that ID cards and other correspondence specific to those dependent(s) will go to the address of the custodial (non covered) parent.

**Express Scripts** (formerly Medco) – A custodial parent may contact member services at (800) 939-2142; provide the dependents name, date of birth and member ID number. Once this information is verified the caller can request new ID cards for the dependent and can stipulate the address where the cards are to be mailed. If the Custodial parent has access to the online member account, the parent can link to the Express Scripts website through the State's website at

<http://www.ben.omb.delaware.gov/script/planadmin.shtml> or go directly to [www.express-scripts.com](http://www.express-scripts.com).

Once the parent logs in, go to the *Health & Benefits tab*, select *Print forms and Cards*. The parent can then order replacement cards and/or print a temporary ID card.

**38. What should I do if I don't get my Member ID cards by July 1, 2014?**

Contact the Customer Service number for your insurance carrier. Toll free numbers are provided on the last page of the Open Enrollment booklet available at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe).

**39. What should I do if I lose my Member ID cards or need additional cards?**

Contact the Customer Service number for your insurance carrier. Toll free numbers are provided on the last page of the Open Enrollment booklet available at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe).

**40. What should I do if I have questions about my Health, State dental, State vision or Blood Bank of Delmarva coverage after I'm enrolled?**

Contact the Customer Service number for your insurance carrier. Toll free numbers are provided on the last page of the Open Enrollment booklet available at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe).

**MAKING CHANGES AFTER OPEN ENROLLMENT**

Changes to your insurance elections after Open Enrollment require a Qualifying Event. You must request the change within 30 days of the event or wait until the next Open Enrollment 2015.

**41. What is a Qualifying Event that will allow me to make changes to my Open Enrollment benefit elections?**

Qualifying Events include but may not be limited to: marriage/civil union, the birth or adoption of a child, divorce, employment of spouse, involuntary loss of spouse coverage, spouse's employment termination, child now ineligible for coverage, death of a spouse or dependent, spouse becomes a State of Delaware employee or pensioner.

**42. What should I do if I experience a Qualifying Event and need to make changes to my benefit elections?**

Contact your Human Resources/Benefits Office within your organization for the necessary forms within 30 days of the qualifying event. Pensioners should contact the Office of Pensions.

**43. What happens when my dependent reaches the age of 26?**

You are responsible for notifying your Human Resources/Benefits Office within your organization within 30 days of the time when your dependent is no longer eligible for coverage. Dependent coverage is available until the end of the month in which your eligible dependent turns 26. As long as you notify your Human Resources/Benefits Office that your dependent is no longer eligible for coverage in the time frame listed above your dependent will be eligible to elect COBRA continuation coverage. (See below for more information on COBRA continuation coverage.)

**44. What do I do if I want to keep my current health plan but change the Primary Care Physician (PCP) for myself or any of my dependents?**

Contact the Customer Service number for your insurance carrier. Toll free numbers are provided on the last page of the Open Enrollment booklet available at [www.ben.omb.delaware.gov/oe](http://www.ben.omb.delaware.gov/oe).

**45. If I enroll in a dental plan, may I drop coverage during the plan year?**

**Dental coverage is binding.** You may only drop your dependents from your dental coverage during the plan year if you experience a qualifying event. You must maintain employee only coverage until Open Enrollment 2015.

**46. If I enroll in the vision plan, may I drop coverage during the plan year?**

**Vision coverage is binding.** You may only drop your dependents from your vision coverage during the plan year if you experience a qualifying event. You must maintain employee only coverage until Open Enrollment 2015.

**47. What if I want to change dental, vision or health plans during the plan year, (July 1, 2014 through June 30, 2015)?**

You may only change dental or vision plans (other than adding an eligible dependent or dropping an eligible dependent due to a qualifying event) at Open Enrollment.

Health plan coverage level (change from employee to employee/spouse) may be changed only if there is a qualifying event as listed in the Open Enrollment Booklet. Certain qualifying events (such as retirement) allow a change in health plans. For more information, please refer to the “Group Health Insurance Eligibility and Enrollment Rules” available at [www.ben.omb.delaware.gov](http://www.ben.omb.delaware.gov) under *Documentation*, or contact your Human Resources/Benefits Office for more information. Pensioners may contact the Office of Pensions.

**COBRA**

You have certain rights and obligations under the provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA). Under federal COBRA law, the State of Delaware is required to offer covered employees and family members the opportunity for a temporary extension of health coverage (called Continuation Coverage) at group rates when coverage under the medical, dental and vision plan would otherwise end due to certain qualifying events.

If an Employee Qualifying Event occurs, your Human Resources/Benefits Office will notify the State’s COBRA Plan Administrator. If a Covered Spouse or Covered Dependent Children qualifying event occurs, you must notify your organization’s Human Resources/Benefits Office within 30 days. Upon proper notification your Human Resources/Benefits Office will notify the State’s COBRA Plan Administrator of the event.

Should an actual qualifying event occur, the State's COBRA Plan Administrator will send you and/or your covered dependents (also known as qualified beneficiaries) additional information with the appropriate election notice. The “Group Health Insurance Eligibility and Enrollment Rules” (available at [www.ben.omb.delaware.gov](http://www.ben.omb.delaware.gov) under *Documentation*) allow an employee or covered family member to change their plan choices upon experiencing a qualifying event. If a qualified beneficiary does not elect coverage within the period specified in the election notice, rights to continue medical, dental and vision insurance will end. Detailed COBRA benefits information is available on the Statewide Benefits Office website at [www.ben.omb.delaware.gov/cobra](http://www.ben.omb.delaware.gov/cobra). If you choose Continuation Coverage, The State of Delaware is required to offer you coverage that is identical to the coverage provided under the group plan for active employees and family members.

**48. What are the Qualifying Events for COBRA Coverage?**

**Employee Qualifying Events:**

1. A reduction in your hours of employment that result in loss of coverage or
2. Termination of your employment for other than gross misconduct.

**Covered Spouse Qualifying Events:**

3. The death of the employee;
4. Termination of the employee's employment for other than gross misconduct or reduction in the employee's hours of employment with the State of Delaware
5. Divorce from the employee; or
6. Your spouse becomes enrolled in Medicare.



**Covered Dependent Children Qualifying Events:**

7. The death of the employee;
8. Termination of the employee's employment for other than gross misconduct or reduction in the employee's hours of employment with the State of Delaware;
9. Employee's divorce;
10. The employee becomes enrolled in Medicare; or
11. The dependent ceases to qualify as a dependent child under the Group Health Eligibility and Enrollment Rules as defined by the State Employee Benefits Committee.

**OTHER STATE EMPLOYEE BENEFITS****49. If I'm eligible for other State benefits, when can I make changes to them or enroll in those plans?**

**Flexible Spending Account (FSA)** - The State offers an annual Open Enrollment for the Flexible Spending Account (FSA), in the fall each year. Employees may enroll on-line at that time for coverage to begin in January. The Flexible Spending Account is an employer-sponsored plan available to permanent full-time, permanent part-time and limited-term State employees after completing three months of continuous State service. The program allows participants to deduct dollars from their paycheck on a pretax basis. The money can be used to be reimbursed for out-of-pocket health and dependent care expenses. Refer to the benefits section of this website for more information.

**Life Insurance** – Group Universal Life Insurance is available to permanent full-time and permanent part-time State employees on the first of the month following completion of three months of continuous State service. Approval for coverage will be determined by Minnesota Life. Proof of insurability may be required depending on level of coverage. There is no open enrollment period. Eligible State of Delaware employees can enroll or change their current election at any time with proof of insurability by contacting Minnesota Life directly at 1-877-215-1489 or by accessing their web-site at [www.lifebenefits.com](http://www.lifebenefits.com). Refer to the benefits section of this website for more information.

**Pre-Tax Commuter Benefits** are available to all benefit eligible active State employees. The program allows eligible employees to set aside pre-tax dollars to pay for your out-of-pocket parking, van pooling or mass transit expenses incurred as you travel to work. There is no set enrollment time for this program and you can make a change to your enrollment at any time. Refer to <http://ben.omb.delaware.gov/commuter> for more information.

**Deferred Compensation** - The Deferred Compensation plan is administered through the Delaware State Treasury Office. The State offers a Workplace Savings Plan through Fidelity Investments. Eligible employees may join the plan at any time by requesting an Enrollment Kit from Fidelity Investments at 1-800-343-0860.